

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	LOBBYIST		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Lori Pickens</i>						
STREET ADDRESS <i>1524 East 26th St.</i>						
CITY <i>Erie</i>		STATE <i>PA</i>	ZIP CODE <i>16510</i>			
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Erie School Board</i>		DISTRICT NO. <i>5-14</i>	PARTY <i>D</i>	DATE OF ELECTION	
					MO. DAY YEAR <i>11 5 2019</i>	
	DATES OF REPORTING PERIOD		MO. DAY YEAR	TO	MO. DAY YEAR	FOR OFFICE USE ONLY
			<i>10 22 19</i>		<i>11 5 19</i>	2019 DEC -5 AM 9:23 ERIE COUNTY VOTER REGISTRATION <i>HP</i>
	CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>0</u>			
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>0</u>			
	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>	
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OF LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS <i>5th</i> DAY OF <i>Dec</i> <i>Olivia Hernandez</i> SIGNATURE MY COMMISSION EXPIRES <i>4-3-23</i> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <i>Lori A. Pickens</i> PRINTED NAME <i>814</i> <i>881-4172</i> AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.	SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____